



Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1

Las Vegas, NV 89118

(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

FINGERPRINT PROCESSING AUTHORIZATION

Pursuant to NRS 631.220 Every applicant for a license to practice dental hygiene or dentistry, or any of its special branches, shall:

1. File an application with the Board 45 days before the date on which the examination is to be given.
2. Accompany the application with a recent photograph of himself together with the required examination fee and such other documentation as the Board may require by regulation.
3. Submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report.

****NOTE FINGERPRINTS WILL BE TAKEN AT THE TIME OF YOUR JURISPRUDENCE EXAM, DO NOT SUBMIT FINGERPRINT CARDS. PLEASE FILL OUT FORM AND ATTACH TO APPLICATION****

I, _____, do hereby authorize the Nevada
Last Name First Middle

State Board of Dental Examiners to forward my fingerprints to Nevada State and Federal agencies for processing. I release all information that may be obtained through this process to The Nevada State Board of Dental Examiners.

I am a citizen of _____

Place of birth: _____

Date of birth: ____-____-____

Social Security number: ____-____-____

Residence Address: _____

Telephone Number: ____-____-____

DEMOGRAPHICS:

Height _____ Weight _____ Hair color _____ Eye Color _____ Gender _____

Race: ☐ White ☐ Black ☐ Asian ☐ Hispanic ☐ Other

Gender: ☐ Male ☐ Female

Signature of person fingerprinted _____ Date _____

Please return with completed application

Revised 08/2010